



Box 370
Carstairs, AB T0M 0N0
Phone: 403.337.3341
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www.carstairs.ca

Animal License Application

Owner Information		<input type="checkbox"/> New	<input type="checkbox"/> Change of Information
Primary Owner:			
Joint Owner:			
Mailing Address:			
Property Address:			
Home Phone:		Cell Phone:	
Email Address:			
Animal Information			
Pet 1			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			
Pet 2			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			
Note: For additional pets, please use the Page 2 of this application			
Authorization			

I Authorize I Do Not Authorize

The publishing of my dog's name, my name and telephone number on the Town of Carstairs eGov website for the purposes of locating me in the event that my animal is found.

I, being the owner of the animal listed in this application, certify that all information on this application is true. I realize that failure to comply with the regulations and conditions set out in the Town of Carstairs Cat and Dog Bylaws can, and will, result in enforcement action against me.

Owner Signature: _____

Date: _____

Additional Animals			
Pet 3			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			
Pet 4			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			
Pet 5			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			
Pet 6			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			
Pet 7			
<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Breed:	Color:
Markings:		Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Born:
Tattoo or Microchip Number:			
Veterinary:			